



**MUNICIPAL UTILITIES DEPARTMENT
REGIONAL WASTEWATER CONTROL FACILITY**

2500 NAVY DRIVE
STOCKTON, CALIFORNIA 95206
(209) 937-8750
FAX: (209) 937-8708

Septic Tank Truck Permit Application/Permit

SECTION 1. APPLICATION

Return the completed application by: _____

Further Instructions: See reverse side.

1. Applicant Business Name: _____

2. Business Address:

A. Street _____

City _____ Zip _____ Phone (____) _____

B. Mailing _____

City _____ State _____ Zip _____ Phone (____) _____

3. Name of Owner of Truck: _____ Phone (____) _____

4. Person to be contacted about this application, if other than owner:

A. Name _____ B. Phone (____) _____

C. Address (if not above): _____

5. Truck Data:

A. Tank Capacity in gallons _____ Calif. License no. _____

B. Does the truck have an acceptable 90° elbow fitting? _____

C. Key number issued to you by the RWCF: _____

D. Usual hours of operation/discharging:

1 2 3 4 5 6 7 8 9 10 11 12 (noon)

1 2 3 4 5 6 7 8 9 10 11 12 (midnight)

Usual days of operating/discharging: M T W Th F S S

6. San Joaquin County Permit number _____

Reminders:

a. Each truck must have its own separate permit, and a \$100 deposit for it with the City of Stockton Finance Department.

b. Lost keys will cost \$5.00 each to replace.

c. Changing relays to avoid being charged on a stolen/lost key will cost \$30.00.

d. Spills caused by truck drivers will be assessed a minimum of \$25.00 for City Personnel labor costs, for clean-up.

e. Trucks are required to carry and use 90° elbow fittings.

7. Certification: I certify that the information above is true and correct to the best of my knowledge.

Signature

Date

Print Name

Title

SECTION 2.

CITY OF STOCKTON USE ONLY

Date application mailed _____

Date application received _____

Permit Number: _____

Date permit issued: _____

SIC Number: _____

Permit conditions: Yes _____ No _____

Expiration Date _____

Comments: _____

Approved By _____ Title _____